N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDMAG MARGIN RESERVED FOR V. S. No. 1.

1 PLACE OF DEATH	STATE OF MARYLAND
Company (1579 (15)	CERTIFICATE OF DEATH
County	Registration Dist. No. 21
Village or City Jermanlown (No	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	MEDICAL CERTIFICATE OF DEATH.
PERSONAL AND STATISTICAL PARTICULARS	16 DATE OF DEATH Of 18 2
Male White Single, Married Will write the word)	(Month) (Day) (Year)  12 / HEREBY CERTIFY That A attended deceased from
DATE OF BIRTH Yeb 12 , 1846  (Month) (Day) (Year)	That I last saw here allve on 966 17 12 1912
AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work.  (b) General nature of Industry, business, or establishment in	following probability of the part of the p
which employed (or employer)  BIRTHPLACE (State or country)	Contributory old age + arthrio (Secondary) Selenosis (Duration) 6 byrs mos ds
10 NAME OF James Basford	(Signed) S. S. Heblum, M. D.
11 BIRTHPLACE OF FATHER (State or country) Q Q Co MA  12 MAIDEN NAME OF MOTHER Mary & Wells	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL
of Mother Mary &. Wells	18 LENGTH OF RESIDENCE FOR HOSPITALS, INSTITUTIONS TRANSIENTS
13 BIRTHPLACE OF MOTHER (State or country Prince Leo, Co. Ma	OR RECENT RESIDENTS) At place in the of death yrs mos ds. State yrs mos ds
(Informant) Marguel Buford	Where was disease contracted, If not at place of death?
(Address) Cruspolio Mg	Ourus ville Ma 7 b 1913
Filed Feb 19th 1913 Mrs Wilch	Jus S, Juy lor , Jons andress
If more hlanks are needed, address State Regis trar, 6	El Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples For persons (6)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla. sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of had-homicide; Potsoned such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage. as "Purrement septichaeetc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) "Contributory." by carbolic acid—probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Hart fallure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convuisions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of ... Bronchonncumonia (secondary), 10 ds. Never repor The contributory (secondary or intercurrent) "Old Age," "Shock." 'Traemia," "Weakness," Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," ... (name origin; "Can State cause for Examples:

PLACE OF DEATH . 1580 STATE OF MARYLAND	
County Q. Q. Co. CERTIFICATE OF DEATH Registered No. 2/	,
Village or City Annapolis (No. Emergency Hospstal Ward)  2 FULL NAME Gennie J. Bausum.  [It death or a hospital or I give its NAME of street and n	nstitution, instead
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	
3 SEX  4 COLOR OR RACE  5 SINGLE, MARRIED, WIDOWED, WIDOWED, ORDIVORCED (Write the word)  5 DATE OF BIRTH  9 LARRENGE (Word)  17 I HEREBY CERTIFY, That I attended decease  6 DATE OF BIRTH  (Month) (	(ear)
TAGE    It LESS than 1 day, hrs. or mos.   ds. or min.?	
which employed (or employer)  BIRTHPLACE (State or country) Havrold, & D.  11 BIRTHPLACE OF FATHER (State or country) Pennag, Malay Island Coffather (State or country) Pennag, Malay Island  12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) Mingho, China (State or country) Mingho, China (State or country) Mingho, China (Informant) Mas Harry Local  (Address) Hecond dist. A. A. Ca, Mid  15  Filed Fah 7, 1913 Amgrill	ds. , M. D.  M. D.  PLENT IDEN.  BIENTS,  ds.
more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.	37

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ili-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfuibeen changed or given up on account of the pisease (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing disease. It is a same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, peritonaeum, etc.. Carcinology

cause of death approved by Committee on Nomenciasepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the mia," "PUERPEBAL peritonitis," etc. State childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. etc. The contributory (secondary or intercurrent) ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acctsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Collapse." "Coma," "Convuisions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ampie: Measles (disease causing death), 29 da.; valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of .. Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," . (name origin; "Can-Never report Examples: cause for

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1581 STATE OF MARYLAND ACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. If death occurred in St:....Ward) a hospital or institution. give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 18 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, (Month) (Dav) ONDIVOREED (Write the word) HEREBY CERTIFY, That I attended deceased from (Month) (Day) If LESS than 7 AGE and that death occurred on the date stated above, at 1 day .... hrs. The CAUSE OF DEATH \* was as follows: OR ..... ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment In which employed (or employer) ..... Contributory ..... 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF (Signed) FATHER of ...... 191.3. (Address) ARENTS OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL, 12 MAIDEN NAME OF MOTHER instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER of death State ..... yrs. .... mos. ...... yrs. ..... mos. ..... ds. Where was disease contracted. If not at place of death? usual residence mportant. OR REMOVAL DATE OF BURIAL 15 If more blanks are needed, address State Regis trar, C E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations "Manager," "Deafer," etc., without more precise speciwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-('oal statement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, (b) As examples: For persons

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid diseasent); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis

cause of death approved by Committee on Nomenclainjury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage. as "Purerpeal scptichac. etc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) "Contributory." scpsis, tctanus) may be stated under the head Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras. "Coliapse." "Coma," "Convulzions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of . The contributory (secondary or intercurrent) "Old Age," "Shock." 'Traemia," "Weakness," Always qualify all diseases resulting from "Senile." etc.), (Recommendations on statement of "Dropsy," "Exhaustion," \_ (name origin; "Can State cause for Examples:

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. C. lit death occurred in Village or City St :----Ward) (No. a hospital or Institution. give its NAME lostead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, (Month) (Day) Write the word) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Year) (Month) (Day) TAGE If LESS than and that death occurred on the date stated above, at ... f day.....hrs. DEATH\* was as follows: OR ..... 7 BOCCUPATION (a) Trade, prefession, or particular kind of work. (b) General nature of Industry. business, or establishment in (Doration) yrs mos / & ds. which employed (or employer) ..... Contributory. 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER 11 BIRTHPLACE ... 191.3. (Address) Dauch K OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT Ш CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER orreno 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER (State or country) A1 place le the of death \_\_\_\_\_ yrs. .... mos. .... ds. State ..... yrs, ..... mos. ..... ds. Where was diseese contracted. TRUE TO THE BEST OF MY KNOWLEDGE If not at place of death? Former or usual residence. E OF BURIAL OR REMOVAL DATE OF BURIAL (Address)..... 15 20 UNDERTAKER ADDRESS REGISTRAR more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

statement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As example (a) Spinner, (b) Cotton mill; (a) Salesman, who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISTABL Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative mealthfulmine, etc. Civil engineer, Stationary freman, etc.—But in many For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," 0

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinoses

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for malls. oma. Sarcoma. etc., of \_\_ The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can-For vio-

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1583STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. St.;....Ward) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 18 DATE OF DEATH 5 SINGLE, BEX 4 COLOR OR RACE MARRIED, WIDOWED. (Month) Write the word) HEREBY CERTIFY, That I sttended deceased from 8 DATE OF BIRTH (Day) (Month) (Year) and that death occurred on the date stated above, at al 30 If LESS than 7 AGE t day, ... hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) Contributory..... (Secondary) (State or country) 10 NAME OF FATHER , 1913. (Address) The 11 BIRTHPLACE Z OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT Ш CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 2 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS 13 BIRTHPLACE At place OF MOTHER (State or country) of death ...... yrs. ..... mos. ..... ds. State ..... yrs. \_ ... mos. Where was disease contracted. If not at place of death? usual residence. 19 PLACE OF BURIAL OR REMOVAL 15 20 UNDERTAKER of more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

[if death occurred in

a hospital or institution,

give its NAME instead of street and number. 1

DATE OF BURIAL

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing drath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corobrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

mus," childbirth or miscarriage, as "Purperal septichae ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the -Heart failure," "Haemorrhage," "Inanition," "Marasgcnitai," "Senile," etc.), "Collapse." "Coma," "Convuisions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measics; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mally oma. Sarcoma. etc., of ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mere symptoms or terminal conditions, such as "As-The contributory "Old Age," "Shock," "Traemia," "Weakness," Aiways qualify all diseases resulting from (Recommendations on statement of may be stated under the head (secondary or intercurrent) "Dropsy," "Exhanstion," (name origin; "Can State cause for Never report Examples:

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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. RECORD PERMANENT 4 IS UNFADING INK-THIS WRITE PLAINLY, WITH

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If LESS than 1 day,hrs.  ORmin.?  The CAUSE OF DEATH * was as follows:	at Unknown
COCCUPATION  (a) Frade, profession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  (Duration)  yrs.	mos 10 ds.
BIRTHPLACE (State or country)  (Secondary)  (Deration) yrs	
Signed) Pahn Cerllinson	, N. D.
OF FATHER (State or country) (Manufacture) State the DISEASE CAUSING DEATH, or, In death	hs from VIOLENT
of Mother Emily Deverse 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTE	
13 BIRTHPLACE OF MOTHER (State or country)  At place of deathyrs,mos,ds. Stateyrs,	mos ds.
Where was disease contracted, if out at place of death?  Former or usual residence.	и фенципалносоророфијатеритили «на трај и с с 4 ф
11-1-1-1	OF BURIAL
Filed Feb 10 1913 John Ceallinson 20 UNDERTAKER ADDRES	ESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health 'Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not pald Housekcepers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nection is very important, so that the relative mealthful-Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (d)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease to thime and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhold disease); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Caroin-

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1585 PLACE OF DEATH STATE OF MARYLAND Very CERTIFICATE OF DEATH OCCUPATION IS should Registration Dist. No Ilt death occurred in PHYSICIANS a hospital or institution, give its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS statement PERMANENT EXACTLY. 16 DATE OF DEATH 3 SEX 5 SINGLE, 4 COLOR OR RACE MARRIED. arried WIDOWED, (Month) (Day) ORGIVORCED BINDIN Write the word) I HEREBY CERTIFY, That I attended deceased from Exact 6 DATE OF BIRTH classified. (Year) (Month (Day) pe 7 AGE It LESS than and that death occurred on the date stated above, at ... pinous 1 day .....hrs. was as follows: 0 OR ..... 7 properly BOCCUPATION Isl (a) Trade, protession, or particular kind of work. (b) General nature of Industry, supplied. pe ESERV business, or establishment in UNFADING (Doration may which employed (or employer) ..... Contributory certificate. 9 BIRTHPLACE (Secondary) (State or country) that 10 NAME OF FATHER 80 50 pe terms, on back 11 BIRTHPLACE ARENT OF FATHER (State or country) should \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-0 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MOTHER instructions Information 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE = At place In the OF MOTHER (State or country) EATH ..... yrs. ..... mos. ... State ..... yrs. \_\_\_\_ mos. Where was disease contracted. It not at place of death?.. See 50 Former or Item Every Item CAUSE OF Important. usual residence DATE OF BURIAL 15 8 REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Censns and American Public Health Association.]

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RECORD PERMANENT AGE should be stated EXACTLY. UNFADING INK-THIS carefully supplied. WRITE PLAINLY, WITH

PHYSICIANS should state of OCCUPATION is very properly classified. Exact statement may be See instructions on back of certificate. that it Every item of information should be CAUSE OF DEATH in plain terms, so important.

1586 PLACE OF DEATH Village or City Melswamp

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 21

St.;....Ward)

[If death occurred in a hospital or institution,

	*FULL NAME Plennie Brown	of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5 8	nale hear (Write the word)	16 DATE OF DEATH FOL. (Month) (Day) (Year)  17 I HEREBY CERTIFY, That J attended deceased from
6 D	ATE OF BIRTH  (Month) (Day) (Year)	that I last saw h in alive on January 3/ 1913
7 AC	it LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at uslessing in The CAUSE OF DEATH* was as follows:  Causian State of the date stated above, at uslessing in the causian and the date stated above, at uslessing in the cause of
(a) pai (b) bus	Trade, profession, or ricular kind of work.  General nature of industry, iness, or establishment in ch employed (or employer)	(Ouration) yrs. mos ds
9 8	RTHPLACE (atte or country) Manyland	(Secondary) (Duration)  yrs
O 11 BIRTHPLACE OF FATHER OF STATE OF FATHER OF FATHER OF FATHER OF FATHER OF FATHER OF FATHER OF STATE OF COUNTRY)		(Signed) Fracland Cantool , M. D Feb 8, , 1913 (Address) West River and
PARE	12 MAIDEN NAME Hamelt Brown	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
147	13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE WINDSTEIN ON THE BEST OF MY KNOWLEDGE	At place In the of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted, it not at place of death?
15	(Address) Britaville, Md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL PLACE OF BURIAL Feb. 1913
	7 // / 12 / / / 2	20 1110 110 110 110 110 110 110 110 110

REGISTRAR

It more planks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilt death occurred in a hospital or institution. give its NAME instead ot street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 18 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIEO. WIDDWED, (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from (Month) (Day) (Year) It LESS than 7 AGE and that death occurred on the date stated above, at t dey, Mahrs. OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) ..... Contributory (Secondary) State or country) 10 NAME OF (Signed) FATHER (Address) M. S. Warul acuste 11 BIRTHPLACE ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER ot death ..... yrs. ..... mos. ..... ds. State ...... yrs. ..... mos. ..... ds State or country Where was disease contrected. KNOWLEDGE It not at place of death? Former or usual residence DATE OF BURIAL 15 ADDRESS REGISTRAR more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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### PERMANENT INK

RECORD

certificate. Jo back 0 Instructions

STATE OF MARYLAND state CERTIFICATE OF DEATH PHYSICIANS should of OCCUPATION IS County..... Registration Dist. No fif death occurred to a hospital or Institution, give its NAME instead of street and number. 7 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS statement 16 DATE OF DEATH S SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDDWED. (Day) (Write the word) HEREBY CERTIFY, That I attended deceased from Exact 6 DATE OF BIRTH classified. (Day) (Year) (Month) pe 7 AGE If LESS than and that death occurred on the date stated above, a pinous 1 day hrs. OR ..... 7 properly 8 OCCUPATION AGE (a) Trade, profession, or particular kind of work. (b) General nature of Industry. supplied. pe business, or establishment in may which amployed (or employer) ..... 9 BIRTHPLACE (State or country) (Secondary) that it 10 NAME OF FATHER 80 pe 11 BIRTHPLACE terms, ENT OF FATHER (State or country) pinoda \*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-2 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain K OF MOTHER Information 16 LENGTH OF RESIDENCE (FOR HOSPITALS. INSTITUTIONS, TRANSIENTS. 0 OR RECENT RESIDENTS) 13 BIRTHPLACE ے At place In the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. .... mos. .... State yrs. DEATH Where was disease contracted. If not at place of death? Former or OF Item usual residence mportant. Every Ite 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 ADDRESS REGISTRAR nore blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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OCCUPATION RECORD 0 PERSONAL AND STATISTICAL PARTICULARS statement PERMANENT 16 DATE OF DEATH S SINGLE. SEX MARRIED. WIDDWED. (Month) ORDIVORCED (Write the word) classified. (Month) (Day) TAGE If LESS than and that death occurred on the date stated above. 1 day .....hrs. The CAUSE OF DEATH \* was as follows: OR ..... min. ? 8 OCCUPATION (a) Frade, profession, or AGI particular kied of work (b) General nature of Industry. pe business, or establishment in UNFADING may which employed (or employer) Contributory certificate. 9 BIRTHPLACE (State or country) (Secondary) carefully that 10 NAME OF FATHER 80 0 WITH ARENTS 11 BIRTHPLACE terms, OF FATHER (State or country) 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain instructions 0 OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER (State or country \_ At place la the of death \_\_\_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. DEATH Where was disease contracted. WRITE If set at Blace of death? 0 Farmer or Item OF usual residence. Every item CAUSE OF important. 19 PLACE OF BURIAL OR REMOVAL 15 20 UNDERTAKER m REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

BINDING

RESERVE

MARGIN

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. fif death occurred in .....Ward) a hospital or Institution. give its NAME lostead of street and number.] (Day) (Year) EREBY CERTIFY, That I attended deceased from \*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS State ...... yrs. ..... mos. ..... ds. DATE OF BURIAL ADDRESS

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative wealthful-Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Purereral scottchaccause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head of injury, as fracture of skuli, and consequences (e. g., by carbolic acid—probably suicide. dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vicmia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritia nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association. Accidental drowning; Struck by railway train—acci-Hart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; ver" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of \_ "Contributory." The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-The nature of the Examples:

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR MARGIN RESERVED v. S. No. 1.

1 PLACE OF DEATH	STATE OF MARYLAND
1590	CERTIFICATE OF DEATH
County County	21
	Registration Dist, No.
Village or City Can Sunt (No.	St.; Ward) [If death occurred in
Village or City	St.; ward) a hospital or institution, give its NAME instead
9110	Stico (3 7) of street and number.
FULL NAME Infant	Med
	MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	
SEX 4 COLOR OR RACE SINGLE,	18 DATE OF DEATH TRA-18 1012
Halo La WIDOWED, ORDIVORCED	(Month) (Day) (Year)
(Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
8 DATE OF BIRTH	, 191 , to, 191 , ,
180-18,19/2	that I last saw h alive on
(Month) (Day) (Year)	
7 AGE It LESS than	and that death occurred on the date stated above, atm,
vrs. mos. ds. ORmin. ?	The CAUSE OF DEATH* was as follows:
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	A A A A A A A A A A A A A A A A A A A
8 OCCUPATION (a) Trade, profession, or	SA TY
perticular kind of work	Jan vien _
(b) General nature of Industry, business, or establishment in	(Buratian)
which employed (or employer)	(Duration) yrsmosds.
9 BIRTHPLACE (State or country) & 7 h 7 (1/6h.	Contributory (Secondary)
(State or country) Cast Bort Ulloma	(Duration) yrs mos ds.
10 NAME OF O O O	
FATHER Charles Mall	(Signed) , M. O.
O 11 BIRTHPLACE	Lef 19/1813. (Address)
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
C 12 MAIDEN NAME	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of MOTHER Days MIND	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
13 BIRTHPLACE 1 1 1 1 0	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,  OR RECENT RESIDENTS)  At place  In the
OF MOTHER (State or country)	of death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
bla las Britter	If not at place of death?
(Informant)	usual residence
(Address) Cast, OSV	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	Amapolis Neck Fely 19, 1913
H & Muy su	30 UNDERTAKER ADDRESS
Filed Heb 19, 1913 11 SIVENCE REGISTRAN	Jas & Jaylog , sous Chunapol.
If more blanks are needed, address State Regis trar, 6	E Franklin St Relto Requesting V S No. 1
11 more bigues are needed, address bigge tregis trat, v	and transmit St., Darlos, Requesting v. S. NO. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, "Foreman," 9

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

affection need not be stated unless important. Ex-"Contributory." such, if impossible to determine definitely. ture of the American Medical Association.) cause of death approved by Committee on Nomencla. sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of haad-homicide; Potsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Tuerperal scptichaemus," "Old Age," "Shock." "Traemia," "Weakness," thenla," "Anaemia" (merely symptomatic), "Atrophy," ample: Mcastcs (disease causing death), 29 valvular heart disease; Chronic interstitial nephritis, etc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Conoma. Sarcoma. etc., of \_ "Hart fallure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senfle." etc.), "Dropsy," (Recommendations on statement of (name origin; "Can "Exhaustion," Never report Examples: For vio-

N. B.—Every item of information should be carefully supplied. AGE ahould be stated EXACTLY. PHYSICIANS should atate CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact atatement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING RESERVED FOR MARGIN

Village or City East Brooklyns  2 FULL NAME Elizabeth A	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No.  St; Ward)  [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female white Single, Married Windows, Worked Windows, Worked Write the word)  6 DATE OF BIRTH  (Month) (Day) (Year)	(Month) (Day) (Year)  17 I HEREO GERTIFY, That I attended decosed from  18 Del 1912 to Feb 22 1913,  that I last saw here alive on Feb 82 1913
Page    State   State	and that death occurred on the date stated above, at $O=1$ m, The CAUSE OF DEATH* was as follows:
(b) General nature of industry, business, or establishment in which employed (or employer)  PBIRTHPLACE (State or country) Kensington Del.  10 NAME OF FATHER William Waller  11 BIRTHPLACE (State or country) Conglorus  (State or country)  12 MAIDEN NAME OF MOTHER  Don't know  13 BIRTHPLACE OF MOTHER  OF MOTHER  13 BIRTHPLACE OF MOTHER  OF MOTHER  Address)  Address  Address  Address	Contributory (Secondary)  (Signed)  (Signed)  (Signed)  (State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.  (Buration)  (Buration)  (State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.  (Blength of Residence for Hospitals Institutions, Transients, or Recent Residents)  (Blength of Residence death yrs, mos. ds. State yrs, mos. ds.  Where was disease contracted, if not at place of death?  Former or usual residence  (Duration)  (Duration)  (Duration)  (Duration)  (Provident State of S
File FLO 13, 1913 Thompson The Registrar more blanks are needed, address State Registrar	London Park + 15, 1913.  ADDRESS  L. A. Kranse 703 Honover  G. E. Franklin St., Balto, Requesting V. S. No. 1. Balto,

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers material worked on may form part of the second statement. Never return "Laborer," "Foreman," who have no occupation whatever, write None. been changed or given up on account of the nisease Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Groccry; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statemen the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfuiminc, etc. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the For persons

Statement of cause of death—Name, first, the dibease causing death—In any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinosis of lungs, meninges, peritonacum, etc.. Carcinosis

ture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tctanus) may be stated under the head injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. childbirth or miscarriage, as "Purrereal scottchar. cause. Aiways qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Contributory." dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile." etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia." "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant ncoplasms) : Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of . mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) "Tuerpeeal peritonitis," etc. (Recommendations on statement of (name origin: "Can State cause for Examples: For vio-

PLACE OF DEATH	STATE OF MARYLAND
1592	CERTIFICATE OF DEATH
Village or City Cher	Registered No. 2 V  St.; Ward)  St.; Ward)  File Boom a hospital or institution give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX  4 COLOR OR RACE  NARRIED, WHOMED, OR DIVERCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  [HEREBY CERTIFY, That I attended deceased from
B DATE OF BIRTH  The 19 1913  (Month) (Day) (Year)	that I last saw h alive on, 191,
7 AGE  0 yrs 0 mos 0 ds. 1 tess than 1 day, 0 hrs. 1 for 0 min. 2	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)	Still June (Ourafien) yrs. mos. ds.
9 BIRTHPLACE (State or country) Mangland	Contributory (Secondary) (Oeration) yrs mos s.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) William D. of
13 BIRTHPLACE OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HORPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs. mos. ds. State yrs, mes. ds.
(Informant)	Where was disease contracted, If not at place of death?  Former or usual residence
(Address) VV a green dent-	19 PLACE OF BURIAL OR REMOVAL  Ciden Strue  20 UNDERTAKER  ADDRESS  TO STRUCT  ADDRESS
REGISTRAR  If more blanks are needed, address State Registra	ar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers Physician, Compositor, Architect, Locomotive engineer, cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication & Due laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. 'Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupa-Never return "Laborer," "Foreman," Farmer or Planter, As examples: For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumodia"); Lobar pneumonia; Bronchopneumonia ("Pneumodia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. childbirth or miscarriage, as "Puerperal septichacture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of . Accidental drowning; Struck by railway train-accimere symptoms or terminal conditions; such as "As-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-State cause for Examples:

	illage or City Lake Shore (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No.  St.; Ward) St.; Ward)  Parnall  State of MARYLAND [It death occurred is a hospital or institution give its NAME instead of street and number.]
==	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE		16 DATE OF DEATH Hehrway 26, 1913  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
8 DA	Month) (Day) (Year)  (Month) (Day) (Tear)	that I last saw h allve on Fel 25, 1913  and that death occurred on the date stated above, at 10, 43°
(a) par (b)	Joseph J3 yrs. mos. ds. or min.?  CCUPATION  Trade, profession, or blacksmill  General nature of industry,	Hemorrhage in the Brain.
Whic	ness, or establishment to the employed (or employer)  RTHPLACE ate or country)  Conne Country  10 NAME OF FATHER  Control  10 NAME OF FATHER	(Signed) Annus S. Bellingslig, M. O
ARENTS	11 BIRTHPLACE OF FATHER (State or country) Unknows.  12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Unknown		16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  Af place In the ot death
14 T	Informant) Philip Darnell  (Address) Lake Shore. Ma.	Where was disease contracted, If not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
File	d Fel. 27, 1913. J. S. Bellingslag REGISTRAR  REGISTRAR  Registrar	Annapolis Md. Fex. 25, 191.3. 20 UNDERTAKER ADDRESS Saml. Allen. Amapoles. M.

[Approved by U. S. Census and American Public Health Association.]

statement. cated thus: Farmer (retired 6 yrs.). For persons CAUSINO DEATH, state occupation at beginning of illshould be taken to report specifically the occupations duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age tion is very important, so that the relative healthfulwho have no occupation whatever, write None. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as mine, etc. it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, "Foreman,"

"Croup"); losis of lungs, meninges, peritonaeum, etc.. Carcinpneumonia"); Lobar pneumonia; Bronchopneumonia time and causation), using always the same accepted CAUSINO DEATH (the primary affection with respect to fever (the only definite synonym is "Epidemic cereterm for the same disease. Examples: Cerebrospinal Statement of cause of death-Name, first, the DISEASE ("Pneumonia," unqualified, is indefinite); Tubercumeningitis"); Diphtheria (avoid use of Typhoid fever (never report "Typhoid

> childbirth or miscarriage, as "PUERPERAL septichaeample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenciainjury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJUST and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chrowie er" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of .. "Contributory." The contributory (secondary or intercurrent) tetanus) may be stated under the head of ibutory." (Recommendations on statement of (name origin; "Can Never report Examples:

tions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. If this certificate is looked over thoroughly and all ques-

MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

	PLACE OF DEATH 1594	STATE OF MARYLAND
Co	ounty Otanianousidel	CERTIFICATE OF DEATH
		Registration Dist. No. 2
. V	llage or City Cumafiolis (No. 17,	Scond St.; 3 (Ward) [If death occurred in a hospital or lostitution, give its NAME instead
	* FULL NAME andrew Carr	of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
3 SE	A 4 COLOR OR RACE Single, MARRIET, WIDOWED; ORDIVORCED (Write the word)	(Month) (Day) (Year)
6 D	(Month) (Day) (Year)	Fet 126, 1913, to Fet 25th, 1913, that I last saw ham alive on Fet 25th, 1913.
7 A G		and that death occurred on the date stated above, at
	wrs. mos. 2 7 ds. ORmin.?	The GAUSE OF DEATH* was as follows:
-	CCUPATION Trade, profession, or	Consenital
par	ticular kind of work	Drel-Wills
busi	General nature of industry, ness, or establishment in	Some Ballourathan) yrs. mos. ds.
9 81	RTHPLACE ate or country)  Annalist Made	Contributory (Secondary)
	10 NAME OF LAMES Diggs	(Signed) (Si
ITS	of FATHER 17	Address Manapolity
ARENT	(State or country) South Norr Ma  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
Ω.	Clizebith Lingry	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	13 BIRTHPLACE S! Marggets Md. (State or country)	At place in the of death yrs mos ds. State yrs mcs ds.
14 <sub>T</sub>	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(	Informant) Elizebeth L. Diggs	Former or usual residence.
	(Address) 17 Second 84-	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 File	Feb 28 13 Jug Weld	20 UNDERTAKER ADDRESS
1116	REGISTRAR	E.H. B. Tarker & Son 92 West. SI-
	if more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.
		Ridont

[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. material worked on may form part of the second cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never rcturn "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Gerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease). Lobar pneumonia; Bronehopneumonia ("Pneumonia," unqualified, is indefinite); Tubereulosis of lungs, meninges, peritonaeum, etc... Carcin-

childbirth or miscarriage, as "Purepural septicharcause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolie acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUBY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness." "Heart fallure," "Haemorrhage," "Inanition," "Maras. genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis ture of the American Medical Association.) mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumer" for malig oma. Surcoma. etc., of \_ The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can death), 29 ds. Never report Examples:

STATE OF MARYLAND PLACE OF DEATH Very CERTIFICATE OF DEATH . OCCUPATION IS Registration Dist. No It death occurred to PHYSICIANS .....Ward) a hospital or lostitution, RECORD give its NAME lostead Donaldson of street and number. ] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS PERMANENT 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, (Month) OROIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH 2716 1826 (Day) (Year) (Month) If LESS than 7 AGE and that death occurred on the date stated above, at 1 day, .....hrs. BOCCUPATION (a) Frade, protession, or INK particular kind of work. (b) Geogral nature of Industry, supplied. pe business, or establishment lo (Doration) ------vrs. тау which employed (or employer) -----Contributory..... certificate. 9 BIRTHPLACE (Secondary) (State or country) oarefully that It (Deratico) 10 NAME OF FATHER (Signed) 000 ARGIN (Address) .S. 11 BIRTHPLACE terms, ARENT OF FATHER (State or country) should \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-00 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MOTHER Instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, Information OR RECENT RESIDENTS) 13 BIRTHPLACE = At place lo the OF MOTHER (State or country) of death ...... yrs. .... mos. .... State \_\_\_\_ yrs, \_\_\_ DEATH Where was disease contracted. It out at place of death? of Former or item OF usual residence mportant. Ш BURIAL OR REMOVAL DATE OF BURIAL Every 15 ADDRESS REGISTRAR more blanka are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (0)

Statement of cause of death—Name, first, the disease causino death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutoris of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc..

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railroay train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or Bronchopneumonia (secondary), 10 ds. Never report ample: Measles affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronia ter" is less definite; avoid use of "Tumor" for mally oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from (disease causing terminal conditions, such as "As-(name origin; "Candeath), 29 State cause for Examples: HOT VIO

MARGIN RESERVED FOR BINDING

V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

	PLACE OF DEATH 1596	STATE OF MARYLAND CERTIFICATE OF DEATH
C	ounty	
	n	Registration Dist. No. 2-5
v	illage or City Prot Um (No. 117)	St: Ward) [It death occurred in
	2 FULL NAME Still berth of Jo	a hospital or Institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5 8	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED,	16 DATE OF DEATH July 3 - 1913
	Wall White the word)	(Month) (Day) (Year)
6 D	ATE OF BIRTH Sund 3 1010	191 , to 191 .,
	(Month) (Day) (Xear)	that I last saw halive on
7 A C		and that death occurred on the date stated above, at
	OR	The CAUSE OF DEATH* was as follows:
	CCUPATION	11.0 Berta Of
	Trade, profession, or ticular kind of work	yaw.
(b) bus	General nature of Industry, ness, or establishment in	6 Moult (Duration) yrs. mos. ds.
_	RTHPLACE tate or country)	Contributory (Secondary)
	P. W.	(Ouration) yrs ds.
	10 NAME OF PATHER DE TONE	(Signed) Thut will 1228 S. CHARLES ST., M. D.
IS	11 BIRTHPLACE	Jaly, 1913. (Addrass)
KENT	OF FATHER (State or country)	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
PAR	DEMOTHER GOTH Jan	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	13 BIRTHPLACE OF MOTHER (State or country)	At place In the ot death yrs mos ds. State yrs mos ds
147	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?
(Intermant)		Former or usual residence
	(Address) 49-2-57 Ancille	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15		Colar 78rice 706 4, 191 3
Fil	ed Feb 4 1913 Chasof Troote REGISTRAR	Countertained Brung Co Bollychon
	If more blanks are needed, address State Registrar, 6 E	Franklin St., Balto., Requesting V. S. No. 1.

[Approved by L. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may he indi-CAUSING DEATH, state occupation at heginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can he known. The question tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal it should he used only when needed. essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salcsman, Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis

sepsis, tetanus) may he stated under the head mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerpebal septichaemus," "Old Age," "Shock," "Uraemla," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viocause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inaultion," "Marasthenla," "Anaemia" (nierely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Au-Bronchopneumonia (secondary), 10 ds. Never report valvular heart discase; Chronic interstitial nephritis. cer" is less definite; avoid use of "Tumor" for mailg oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can State cause for Examples:

W. B. No. 1.

RECORD	PHYSICIANS should state to of OCCUPATION is very
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

County Ca 1597	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No.
Village or City McCharly (No,	St.; Ward)  [It death occurred in a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mule Thut Single, Market, MARRIED, WIDOWED, ORDIVORCED (Write the word)	(Month) (Day) (Year)  17 I HEREBY CERTIFY, That attended deceased from
(Month) (Day) (Year)	that I leat saw h mailve on Tell 1913
7 AGE 11 LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at 10 m. The CAUSE OF DEATH * was as follows:
© OCCUPATION  (a) Trade, profession, or particular kind of work  (b) General nature of Industry, business, or establishment in which emplayed (or employer)  © BIRTHPLACE (State or country)	(Becondary)  (Buration) / yrs mos ds.  (Buration) / yrs mos ds.
10 NAME OF FATHER HAMY B HAND  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER  14 Cacheou	(Signed) (Si
of Mother Suc account of 13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTA, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos, ds.
(Informant)	Where was disease contracted, If not at place of death?  Former or usual residence
(Address)  16  Filed. 20  1913  Filed. Registrate  Reg	20 MODERTAKER  LOUILLAMES HOW WALESTON ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS
at more manas are needed, address State Registra	ar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). causing death, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an applies to each and every person, irrespective of age. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as statement. material worked on may form part of the second additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," Farmer or Planter, As examples: For persons

Statement of cause of death—Name, first, the DIREASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenela-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., dent; Revolver second of head-homicide; Polsoned such, if impossible to determine definitely. which surgical operation was undertaken. For viomia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "Purperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," genitai," ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUSY and qualify as "Heart fallure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia," (mcrely symptomatic), "Atrophy," "Coliapse." "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailgoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of ... (name origin; "Can-State cause for Examples:

1598 STATE OF MARYLAND CERTIFICATE OF DEATH PHYSICIANS should of OCCUPATION IS Registration Dist. No ... fit death occurred in Village or City St.:---Ward) a hospital or lostitution RECORD give its NAME iostead of street and number. T MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS statement PERMANENT 16 DATE OF DEATH 5 SINGLE, 3 SEX MARRIED. WIDOWED, JV (Month) (Day) (Year) ORDIVORCED (Write the word) 17 I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH classified. (Month) (Day) (Year) 7 AGE If LESS fhan and that death occurred on the date stated above, at 1 day,....hrs. OR ..... min. ? ds. properly BOCCUPATION AGE (a) Frade, profession, or particular kind of work. supplied. (b) General nature of Industry. business, or establishmenf in which employed (or employer) certificate. Contributory. 9 BIRTHPLACE (Secondary) (State or country) that 10 NAME OF FATHER (Signed) jo S 11 BIRTHPLACE back (Address) RENT OF FATHER (State or country pinous \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENuo 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain d OF MOTHER Instructions Information 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Ë Af place In the OF MOTHER (State or country of death ...... yrs. ..... mos. .... ds. State \_\_\_\_\_ yrs. \_\_\_\_ mos. ... Σ DEAT Where was disease contracted. See if not at place of death? ō Former or OF usual residence. mportant. ы PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Address )..... Every 15 20 UNDERTAKER A,DDRESS 00 REGISTRAR more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

ARGIN

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Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meninglitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., such, if impossible to determing ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Strucked by railway train-acci-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; ver" is less definite; avoid use of "Tumor" for malls -Hart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma, etc., of \_ The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion, definitely. - Examples : (name origin; "Can-Never report

1599 STATE OF MARYLAND state Very CERTIFICATE OF DEATH -PHYSICIANS should of OCCUPATION 18 Registration Dist. No RECORD give its NAME instead of street and oumber. ] \* FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS statement PERMANENT EXACTLY 16 DATE OF DEATH S SINGLE, 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, (Month) (Day) ORDIVORCED (Write the word) That I attended deceased from tated 6 DATE OF BIRTH 5 833 0 classified. 4 (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, a P 1 day, .....hrs. shoul The CAUSE OF DEATH \* OR ..... mln. ? proper BOCCUPATION (a) Trade, profession, or AG particular kind of work. Z (b) General nature of industry. pe supplied. 2 business, or establishment la ADING may which employed (or employer) ---Ш Contributory 9 BIRTHPLACE (Secondary) (State or country) certifica carefully that 10 NAME OF FATHER 80 50 MARGIN pe terms, on back 11 BIRTHPLACE ARENT OF FATHER (State or country) should \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-50 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MOTHER instructions 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, Information 0 OR RECENT RESIDENTS) BIRTHPLACE 5 At place OF MOTHER (State or country) DEATH of death ...... yrs. ..... mos. .... State yrs, mos. ds. ds. Where was disease contracted. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE If not at place of death? See ō Former or Item 9 usual residence Important. CAUSE DATE OF BURIAL 15 20 UNDE 0 REGISTRAR more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

fif death occurred in a hospital or institution,

(Year)

[Approved by U. S. Census and American Public Health Association.]

ness. If retired from business, that fact may be indiof persons engaged in domestic service for wages, as should be taken to report specifically the occupations fication, as Day laborer, Farm laborer, Laborer statement. Never return "Laborer," additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers mine, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Purrperal septichacetc., when a definite disease can be ascertained as the genitai," "Senile," etc.), "Dropsy," "Exhaustion," ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Contbenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report ample: Mcasles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritts nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... Accidental drowning; Struck by railway train—acciis less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can Examples: For vio-

W. B. No.

item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state E OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT d S UNFADING INK-THIS See instructions on back of certificate. WRITE PLAINLY, WITH N. B.—Every Item o CAUSE OF I

Village or City Darithsouril (No. 2)  FULL NAME  PLACE OF DEATH  1600  190  100  100  100  100  100  10	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No. 20  [if death occurred in a hospital or institution, give its NAME instead at street and number.]  Edward Columbus Hall
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4 COLOR OR RACE SINGLE, MARRIED, MARRIED, WIDOWED, MARRIED OR DIVERCED (Write the word)  6 DATE OF BIRTH  (Month) (Day) (Year)	16 DATE OF DEATH  Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from  A did nati, to attend, 191  that I last saw h
7 AGE  85 yrs mos. ds.   If LESS than 1 day, hrs.   OR milo. ?	and that death occurred on the date stated above, at 12-1 Am.  The CAUSE OF DEATH* was as follows:  2  Lee of See Adenly Suppose
(a) Trade, profession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs mos ds.  Contributory (Secondary)
(State or country)    10 NAME OF FATHER   Sullion   Hall   11 BIRTHPLACE OF FATHER (State or country)   Mary Can Ol	(Signed) 9 Ann Collins , M. D.  24 State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos, ds, State yrs, mos, ds. Where was disease contracted, if not at place of death? Former or usual residence
(Address) Page Filed Held 7 1913 Dohn Gollinson	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  ADDRESS  ADDRESS

If more hlanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative meaithful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, return "Laborer," If the occupation has For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease). Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc..

cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head "Contributory." (Recommendations on statement injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUSY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Pureperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Ohronic interstitial mephritis, ture of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acciwhich surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-Examples: FOI VIOd8.;

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN V. S. No. 1.

1 PLACE OF DEATH	STATE OF MARYLAND
B. G. 1957	CERTIFICATE OF DEATH
County County	21
	Registration Dist. No.
Village or City Lawnsvelle Stall	[It death occurred in a hospital or institution, give its NAME instead of street and number.]
FULL NAME CHEX Vyas	Pes
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	18 DATE OF DEATH 72by 15" 1913
male Blk (WIDOWED, Married (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	1.1619 1 7 1 109 5
Unknown 1871	July 1, 1911, to July 10, 1915,
(Month) (Day) (Year)	that I last saw h m allve on Tely 5, 1913
7 AGE If LESS than	and that death occurred on the date stated above, at 8 Pa.m.
42 yrs. X mos. X ds. ORmin.?	The CAUSE OF DEATH* was as follows:
	Ch D
8 OCCUPATION (a) Trade, profession, or  Antique binds work  Washes	Keneral Taneses
particular killo of work	
(b) General nature of industry, business, or establishment in	(Duration) - yrs, × mos. × ds.
which employed (or employer)	Contributory Espelantitory Seines
BIRTHPLACE (State or country) Mary land	(Secondary)
10 NAME OF	(Duration) yrs. A mos. 3 ds.
FATHER LAMES HANNES	(Signed) La obust Colon M. D.
O 11 BIRTHPLANE	, 191 (Address) Comswell Mi
OF FATHER (State or country)  Many laced  12 MAIDEN NAME OF MOTHER  OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
of Mother Name Wanty Lisher	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER Many 15 and	At place, 6 5 - In the Source heart
(State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs mos ds. State yrs mos ds Where was disease contracted,
VVersta Las	If not at place of death?
(Informant)	usual residence
(Address) Tecords	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 1 0 mene	Uniterates Neck Met 1/1/1, 1913.
Filed 766 1913 / 9 / 8166	20 UNDERTAKER ADDRESS
REGISTRAR	J. M. Western Q annapoter al
Il more blanks are needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at heginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not pald Housekeepers fication, as Day laborer, Farm laborer, Laborerstatement. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: For persons

Statement of cause of death—Name, first, the disease causing death—Is affection with respect to the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla such, if impossible to determine definitely. childbirth or miscarriage, as "Puerperal scottchaeture of the American Medical Association.) sepsis, tctanus) may be stated under the head dent; Revolver wound of head-homicide; Potsoned mus," "Old Age," "Shock." 'Traemla," "Weakness," "Contributory." injury, as fracture of skull and consequences (e. by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing affection need not be stated unless important. -Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulzions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Sentle." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Candeath), 29 State cause for Examples: For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Wency further

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT BINDIND MARGIN RESERVED FOR V. S. No. 1.

PDACE OF DEATH 1602	STATE OF MARYLAND
communication 11	CERTIFICATE OF DEATH
County	Registered No. 2. 2
Village or City Sesup	St; Ward) [It death occurred in
	give its NAME instead
2 FULL NAME (Indrew) Hen	ot street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF PLATH
3 SEX / 4 COLOP, OR RACE 5 SINGLE,	16 DATE OF DEATH 448 140 1913
male UMM WIDOWED, WORDING OR OIN OFFICE (Write the word)	(Month) (Day) / (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That Vattended deceased from
Jan - ,1887	ter ull a
(Month) (Day) (Year)/	
7 / 1 day,hrs.	and that death occurred on the date stated above, at
BOCCUPATION DOS. ds. OR	Tunest in his foures to
(a) Trade, protession, or	obsonew. Can give to freez reformation
particular kind of work.  (b) General nature of industry,	J. Chen.
business, or establishment in • which employed (or employer)	(Duration) yrs mos ds.
9 BIRTHPLACE (State or country)	(Secondary)
Jene	(Duration) rs. 6 mos. ds.
10 NAME OF FATHER MANNEY	(signed) A Day may MD.
O 11 BIRTHPLACE OF FATHER	74154, 191 3 (Address) James M. A
(State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
of MOTHER Marrie Courte	TAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE DA.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place  In the
(State or country)	of death yrs. mos. ds. State yrs, mos. ds.
14THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at piace of death?
(Informanty) M. Almy hu Jul	Former or usual residence
(Address) Balto May Emil	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16	Mashington D. C July 15 191.3
Filed Felt 15th, 1913 L H & Hashing	20 UNDERTAKER ADDRESS
h mor blanks are needed, address State Registrar, 6	Frankling Horse Bounds W. S. S. S. Suyerh
To be and the beday and the beate negle trar, o	m. Franking St., Daito., Requesting V. S. No. 1.

[Approved by L. S. Census and American Public Health Association.]

who bave no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations dutles of the household only (not paid Housekeepers been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not wbo receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc... Carcin-

cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may be stated under the head of ture of the American Medical Association.) injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisucb, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State childbirth or miscarriage, as "Puereeral septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Coliapse." "Coma," "Convulsions," "Debility" ("Conthonla," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Ohronic interstitial nephritis. cer" is iess definite; avoid use of "Tumor" for mailg-Bronchopneumonia (secondary), 10 ds. ampie: Measles (disease causing death), 29 ds.; affection need not be stated unless important. etc. . The contributory (secondary or intercurrent) oma. Sarcoma. etc., of \_ mere symptoms or terminal conditions, such as "Asnant neopiasms); Measles; Whooping cough; Chronic Aiways qualify all diseases resuiting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," . (name origin; "Can-The nature of the Never report cause for

	1 PLACE	OF DEATH	4	1603	
County	Hom	OF DEATH	and make	mde	(
Village	or City	anda	polis	/(No.	75

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

ge or	City Unilapolas	(No. 75-	Elay

St; 3 Ward)

[If death occurred in a hospital or Institution, give its NAME lostead

PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH
3 51	S'emale Colored Corped (Write the word)	1
6 D	Mate of Birth  620  (Month)  (Day)  (Year)	that I last saw handle alive on
1-1	20 7/7s. mos. ds. 1 day hrs. or mio. ?	The CAUSE OF DEATH* was as follows:
(b) bus	of reads, profession, or ricular klod of work  Geoeral nature of Industry, iness, or establishment to ich employed (or employer)	Gran Weart factore Grand Good Level Special Control of Special Control of Special Spec
9 BI	Buttand Md	Contributory (Secondary) (Duration) yes mos ds
TS	10 NAME OF FATHER MOSSES Shomes	(Signed) famus of the fundaments, Caronas, 191 (Address)
OF FATHER (State or country) unlaway		State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
1/1-	13 BIRTHPLACE OF MOTHER (State or country) Rutland Md	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place in the of death yrs, mos ds. State yrs, mos ds Where was disease contracted.
	(Informant) John Hemon Huland	If oot at place of death?————————————————————————————————————
6	(Address) 75 Clay of amajournd	Brewer Will Cerneley Fish 1813
File	ed Febry 15, 191 3 MTRECK	20 UNDERTAKER ADDRESS

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of Illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. tion is very important, so that the relative mealthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman," (0)

Statement of cause of death—Name, first, the DISKASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinosis of lungs, meninges, peritonaeum, etc., Carcinosis

scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), affection need not be stated unless important. valvular heart disease; Chronic interstitial mephritis ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomenclamere symptoms or terminal conditions, such as "Asoma. Sarcoma. etc., of \_\_ The contributory (secondary or intercurrent) (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-07

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back

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Instructions

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state

[Approved by U. S. Census and American Public Health Association.]

ness. If retired from business, that fact may be indiof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not pald Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-For many occupations a single word or term on the who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. statement. material worked on may form part of the second essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Mcasles (disease causing affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronical ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." Accidental drowning; Struck by railway train-acci-"Heart failure," "Haemorrhage," "Inanition," "Maraseer" is less definite; avoid use of "Tumor" for maily oma. Surcoma. etc., of ... The contributory (secondary or Intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can death), 29 "Exhaustion," Examples:

SERVE ARGIN RECORD statement ENT PERMAN Exact properly classified. pe pinous supplied. pe msy that 80 terms, plain = DEATH of Item OF

state 1605 PHYSICIANS should of OCCUPATION IS County.... So. Baltimore Sta., Cartis Bay, Md Village or City. .....Ward) PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE. BEX 4 COLOR OR RACE MARRIED. WIDOWED. ORDIVORCEO Write the word (Month) (Year) (Day) if LESS than 7 AGE 1 day .....hrs. OR ..... ? 6 OCCUPATION (a) Frade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) -----State or country) So. Baltimore Sta., Contributory..... certificate. (Secondary) 10 NAME OF FATHER of back 11 BIRTHPLACE ARENT OF FATHER CO 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL OF MOTHER instructions OR RECENT RESIDENTS 13 BIRTHPLACE At place OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. Where was disease contracted. If not at place of death?.. Former or (Informant) usual residence Baltimore Sta.. Important. Every 15

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

PLACE OF DEAT

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No...

Ilf dealb occurred in a hospital or institution. give its NAME instead of street and number. 1

CATE OF DEATH (Month) (Day) I HEREBY CERTIFY. That I attended deceased from and that death occurred on the date stated above, at. (Duration) yrs mos. \*State the DISEASE CAUSING DEATH, or, in deaths CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS In the State ...... yrs, \_\_\_\_ mos, ..... ds.

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[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specicated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ili-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) who have no occupation whatever, write None. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary Arcman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using aiways the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, pertionacum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUEEPEBAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL scptichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of . is less definite; avoid use of "Tumor" for mally The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can-

10 pinous OCCUPATION PHYSICIANS RECORD <sup>2</sup> FULL NAME 90 PERSONAL AND STATISTICAL PARTICULARS statement PERMANENT EXACTLY. 5 SINGLE. 3 SEX -4 COLOR OR RACE MARRIED? WIDOWEO, BINDING (Write the word) Exact stated 6 DATE OF BIRTH classified. 4 (Day) (Year) (Month) should be 7 AGE If LESS than 0 1 day, .-- hrs. THIS OR ..... min. ? properly 6 OCCUPATION AGE (a) Trade, profession, or INK RESERVED particular kind of work. (b) General nature of Industry, carefully supplied. pe business, or establishment in UNFADING may which employed (or employer) that it me 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 80 Jo MARGIN WITH pe 11 BIRTHPLACE plain terms, PARENT OFFATHER (State or country) pinous PLAINLY, 12 MAIDEN NAME OF MOTHER See Instructions of Information DEATH In 13 BIRTHPLACE OF MOTHER (State or country) WRITE Every Item CAUSE OF important. (Address 15 0 REGISTRAR ż

1 PLACE OF DEATH

state

1606 GA CER

#### STATE OF MARYLAND CERTIFICATE OF DEATH

registration Dist.	No. 4
St.; Ward)	[it death occurred in a hospital or institution, give its NAME instead of street and number.]

	(i. )
DNAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE SENALE, MARRIED, WIDOWEO, WIDOWEO, WIDOWEO, WINDOWSO, WIDOWSO, WINDOWSO, WINDOWS	16 DATE OF DEATH  Seb 5, 191.3  (Month) (Day) (Year)
H Nov- 4, 1839	17 I HEREBY CERTIFY That I attended deceased from 191 191 3,
(Month) (Day) (Year)	that I last saw her alive on Jel 3
7	The CAUSE OF DEATH* was as follows:
n, or Domeblic	Jun lus
lishment in Laundris	(Duration) yrs. mos. ds.
(manuale Comby	Gentributory Leeas Janking (Becondary)  (Becondary)  (Duration) yrs mos ds.
unknown.	(Signed) John Righout, N.D.
AGE HER COUNTRY) MIRNOWN	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Acciden-
HER MM Known	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
ACE HER HOUNTRY) MNKNOWN	At place In the of death yrs mos ds.
Sarah Kirby	Where was disease contracted, If not at place of death? Former or usual residence.
31 Carroll allry	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
1913 Jungmilh	20 UNDERTAKER ADDRESS  Elle Long G9 20 1 G1
If more blanks are needed, address State Begistran	G E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). causing death, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. (a) Spinner, the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa If retired from business, that fact may be Indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," If the occupation has As examples: For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

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N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS T. S. No. 1.

BINDING

FOR

MARGIN RESERVED

PLACE OF DEATH 1607	STATE OF MARYLAND
county a.a. lo	CERTIFICATE OF DEATH
County	Registration Dist. No. 21
Village or City Wes Com aprli (No.	St.; Ward) [It death occurred in
	give its NAME instead
*FULL NAME Micholas Jaco	ef street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	18 DATE OF DEATH 72by 16 1913
male Robert (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended deceased from
act 10 ,832	1913, to 777 16, 1913,
(Month) (Day) (Year)	that I Yast saw h. m. alive on Jun 10 ,1913
7 AGE It LESS than	and that death occurred on the date stated shove, at 4 A. m.
8 D yrs. 4 mos. 5 ds. 0Rmin.?	The CAUSE OF DEATH * was as follows:
BOCCUPATION	1. 1. 1.
(a) Trade, profession, or particular kind of work.  Blocksmith	Jeme Moury
(b) General nature of industry,	
business, or establishment in which amployed (or employer)	(Duration) Transformed Transfo
	Contributory Harry failure
(State or country) Leven Side Md	Immedia (Ouration) yrs. mos. ds.
10 NAME OF Charles Jacobs	(Signed) Cleaborne Garcia, M. D.
OFFATHER	1913. (Address) Umapolis M
OFFATHER  (State or country) Unknown  12 Maiden NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Acciden-
M 12 MAIDEN NAME OF MOTHER	TAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER (State or country)	At place of death Oyrs. mos. ds, Stal yrs, mos, ds,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
) is live and defect to	it not at place of death?
(Informant) Company (Informant)	usuai residence.
(Address) west armopalis and	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Flied 4-6/8 1913 Jones Welch	20 UNDERTAKER ADDRESS ADDRESS
REGISTRAR	alen + Buness 32, n. W. St
If more blanks are needed, address State Registrar	

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekcepers "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Realthfulcated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, (a) the kind of work and also (b) If the occupation has Farmer or Planter, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

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If more blanks are needed, address State Registrar 6 E. Franklin St., Balto., Requesting V. S. No. 1.

1608

1 PLACE OF DEATH

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, cated thus: Farmer (retired 6 yrs.). CAUSINO DEATH, state occupation at heginning of ill-"Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) mine, etc. statement. material worked on may form part of the second cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative mealthfui-For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, "Foreman," (4)

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#### RECORD PERMANENT 4 INK UNFADING WITH

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state Very 16 should OCCUPATION PHYSICIANS 0 statement Exact classified. pinous properly supplied. pe may certificate, that 80 90 terms, should plain Instructions 2 DEATH Jo OF Important. Every Ite mi

#### STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No Ilf death occurred to a hospital or Institution. give its NAME instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS SEX MARRIEO, WIDOWED, (Month) Write the word) HEREBY CERTIFY. That I attended deceased 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE If LESS than 1 day hrs. OR ..... min. ? BOCCUPATION (a) Frade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) ..... Contaibutory 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ENT OF FATHER (State or country \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-2 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. A OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country State yrs, \_\_\_\_\_ yrs. .... mos. .... ds. Where was disease contracted. If not at place of death?-Former of usual residence. 19 PLACE OF BURIAL OR REMOVAL 15

more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1,

[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. tion is very important, so that the relative mealthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has Houscwife, Housework, or At Home, and children, not minc, etc. (a) essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJUBY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronia "Contributory." mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; ter" is less definite; avoid use of "Tumor" for mallyoma. Sarcoma. etc., of .. The contributory (secondary or intercurrent) (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," "PUERPERAL septichac-(name origin; "Can-For vio-

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR MARGIN RESERVED W. S. No. 1.

N. B.

PLACE OF DEATH 1610  County Cumarmdal	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2/
Village or City Cimafolis (No. 67)	Walers St.; 3 Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale Colord Seincley Married, Married, Married (Write the word)	16 DATE OF DEATH  Tel 134 (Month) (Day) (Year)
6 DATE OF BIRTH  MKNOWN (Month) (Day) (Year)	that I last saw h. el alive on
Tage about 50 yrsmosds. ormin.?	and that death occurred on the date stated above, at 1230. The CAUSE OF DEATH* was as follows:
(b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  West River Ma	Contributory Mema Exhaustin
10 NAME OF FATHER MARMOUND  11 BIRTHPLACE OF FATHER (State or country) Markenown	(Signed)
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  12 MAIDEN NAME UNKNOWN	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS. INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the of death yrs, mcs ds.
(Informant) Westa Browns  (Informant) Walson St	Where was disease contracted, It not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address). 15 The state of the	Brewerhill Cent 2. 10 ,1913.  20 UNDERTAKER  E. H.B. Parker, V. Son 92 WEST St.
f more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry; and therefore an Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. tion is very important, so that the relative ...ealthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, As examples: "Foreman," (d)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease). Lobar proumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, pertionaeum, etc.. Carcin-

childbirth or miscarriage, as "PUERPERAL scptichacinjury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-"Coilapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report er" is less definite; avoid use of "Tumor" for mails oma. Surcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of (name origin; "Can State cause for Examples:

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BLADAND RESERVED FOR MARGIN V. B. No. 1.

Village or City Skedurore (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
a SEX  4 COLOR OR RACE  MARRIED, WIDOWED, ORDIVORCED (Write the word)  6 DATE OF BIRTH  (Month) (Day) (Year)  7 AGE  (Month) (Day) (Year)  7 AGE  (Month) (Day) (Year)  7 AGE  (Month) (Day) (Year)  8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  (State or country)  11 BIRTHPLACE (State or country)  12 MAIDEN NAME OF MOTHER (State or country)  13 BIRTHPLACE (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from Mov / O 1912, to 3 1913.  that I last saw h alive on 3 1912.  and that death occurred on the date stated above, at 2 P m.  The CAUSE OF DEATH* was as follows:  (Duration) yrs mos ds.  (Signed) Contributory (Secondary)  (Secondary)  (Signed) Causes Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.  18 Length of Residence (For Hospitals, Institutions; Transients, or Regent Residence)  At place for the Means of State (1) Means of State (2) whether Accidental (3) in the form the fidental (4) in the fidental (5) in the fidental (6) in the fidental (7) in the fidental (6) in the fidental (7) in the fidental (6) in the fidental (7) i
(Address)  (Address)	Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  12 PLACE OF BURIAL OR REMOVAL  12 UNDERTAKER  20 UNDERTAKER  ADDRESS  ALAN Lay La Sous Alan Apolis

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative Realthfulwho have no occupation whatever, write None. Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry, and therefore an For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has As examples: For persons "Foreman," (d)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name accepted the same deausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcinosis

such, if impossible to determine definitely. which surgical operation was undertaken. childbirth or miscarriage, as "Puerperal septichae mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the -Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Con thenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. Never repor ample: Measles (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant ncopiasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of ... ture of the American Medical Association.) "Contributory." ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mere symptoms or terminal conditions, such as "As-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for Examples:

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#### STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No [It death occurred in St: .....Ward) a hospital or institution. give its NAME Instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 4 COLOR OR RACE 3 gFY MARRIEO, 1913 WIDOWED, (Month) (Day) ORDIVORCEO (Write the word) (Year) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day) (Year) If LESS than 7 AGE and that death occurred on the date stated above, at 1 day .....hrs. DEATH\* was as follows: OR ..... min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) Contributory. 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF 11 BIRTHPLACE (Address) ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) in the of death ...... yrs. ..... mos. ..... ds. State ..... yrs. Where was disease contracted, It not at place of death?. Former or usual residence..... **GURIAL OR REMOVAL** DATE OF BURIAL . Address) 15 ADDRESS LUEAL REGISTRAR hlanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

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OF MOTHER (State or country

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County.... Registration Dist. No. Ilf death occurred in a hospital or Institution. give its NAME lostead of street and number. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS SEX 4 COLOR OR RACE MARRIED. WIDOWED, (Month) (Day) ORDIVORCED Write the word) That I attended deceased from 8 DATE OF BIRTH (Year) TAGE If LESS than and that death occurred on the date stated above, at f day, .....hrs. OR ..... min. ? BOCCUPATION (a) Frade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment la which employed (or employer) ..... 9 BIRTHPLACE (State or country) 10 NAME OF FATHER RENTS OF FATHER (State or country \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAMI TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 13 BIRTHPLACE

OR RECENT RESIDENTS)

At place State \_\_\_\_\_ yrs, \_\_\_\_ mos. .. \_\_\_\_\_ yrs. .... mos. \_\_\_\_ ds. Where was disease contracted, If not at place of death?.

Former or usual residence

DATE OF BURIAL

ADDRESS

REGISTRAR

more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
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ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mia," "PUERFERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaeture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viocause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of (name origin; "Can-The nature of the Never report

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County Clune Countie	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Chaussouffe Sh	Registration Dist. No.  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX  4 COLOR OR RACE  MARRIEO, WIOOWEO, OROIVORCEO (Write the word)	16 DATE OF DEATH  Taby 13", 1913  (Month) (Day) (Year)
B DATE OF BIRTH  (Month) (Day) (Year)	that I last saw h. m. alive on Fuby 13, 1913.
7 AGE  (Month) (Day) (Teat)  1 (LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 2 A.m. The GAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or amployer)	Cookis regus.  mitral Shrowil, without (Ouration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Many Caud	Gontributory Aulmonan Dedema (Secondary)  (Duration) yrs. mos. 2 ds.
11 BIRTHPLACE OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	(Signed) CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
of Mother Monday  13 BIRTHPLACE OF MOTHER (State or country)  Mary Cand	At place of death yrs. 2 mos. 4s. State yrs. mos. ds  Where was disease contracted,
(Informant)	If not at place of death?  Former or usual residence.  Levelum
(Address)  16 Filed Feb 14, 1913 Mus Welch REGISTRAR	Hagerstown md DATE OF BURIAL  Hagerstown md
It more blanks are needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not wbo receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-(a) Spinner, (b) Cotton mill; (a) essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Salcsman, For persons (6)

losts of lungs, meninges, peritonaeum, etc., pneumonla"); Lobar pneumonia; Bronchopneumonia "Croup"); Typhotd fever (the only definite synonym is "Epidemic cereterm for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted causing prath (the primary affection with respect to ("Pneumonia," unqualified, is indefinite); Tubercubrospinai Statement of cause of death-Name, first, the DISEASE meningitis"); Diphtheria (avoid use fever (never report "Typhoid

> ture of the American Medical Association.) cause of death approved by Committee on Nom-yelascpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e.g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. cbildbirth or miscarriage. as "Tuesperal schichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," 'Traemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. "Contributory." ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Mcastes (disease causing death), 29 valvular heart disease; Chronic interstitial arphritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of is less definite; avoid use of "Tumor" for mailg The contributory (secondary or intercurrent: Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can State cause for Examples:

the certificate is permanently filed. ence. All the data is essential and must be obtained before If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspond-

STATE OF MARYLAND CERTIFICATE OF DEATH Registered No.   St; Ward)  St; Ward)  [it death occurred in a hospital or lostitution, give its NAME instead of street and number.]
MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH  726 8, 191 (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
that I last saw h
and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
Contributory Franction Birth (Secondary)
(Signed)
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the ot death yrs, mos, ds. State yrs, mos, ds.
Where was disease contracted, if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Phians Revisal grove 726 5, 1913

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illduties of the household only (not paid Housekeepers material worked on may form part of the second Physician, Compositor, Architect, Locomotive engineer, cated thus: Farmer (retired 6 yrs.). been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. should be taken to report specifically the occupations fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. it should be used only when needed. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, If the occupation has Farmer or Planter, As examples: For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

by carbolic acid-probably suicide. The nature of the such, If impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. chlidbirth or miscarriage, as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29: ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mailgoma. Sarcoma. etc., of \_ ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accimere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head of (name origin; "Can-State Examples: cause for

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BÎNDING V. B. No. 1.

Gounty Grandel	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 2
Village or City Odenton (No	St; Ward)  [If death occurred a hospital or institution give its NAME instead of street and oumber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX  4 COLOR OR RACE  5 SINGLE, MARRIED, WIDDWED, WIDDWED, WIDDWED, WIDDWED, WIDDWED, WIDDWED, Windweld  6 DATE OF BIRTH	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  1 HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)	that I last saw half allve on Gelmany I 1913
TAGE  11 LESS than t day,hrs. ORmin.?	The CAUSE OF DEATH * was as follows:
particular kind of work.  (b) General nature of industry, business, or establishmeet to which employed (or employer)  **BIRTHPLACE* (State or country)  10 NAME OF FATHER  11 BIRTHPLACE* OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Address)  16  Files Hull 2 and 1913  Language Registran	Contributory (Secondary)  (Secondary)  (Secondary)  (Signed)  State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF MJURY; and (2) whether Accidental, Suicidal, or Homicidal.  1BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  At place of death yrs. mos. ds. State yrs. mos. ds.  Where was disease contracted, if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Oliman Property Address  ADDRESS  P. W. Williams  ADDRESS  Wathery And
Is more hlanks are needed, address State Registral	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons been changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as minc, etc. Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Is affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-irospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaecer" is less definite; avoid use of "Tumor" for mailescpsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dcnt; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. For vicetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Heart failure," "Haemorrhage," "Inanition," "Maras mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. oma. Sarcoma. etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for Never report Examples:

BINDING FOR RESERVED MARGIN

UNFADING INK-THIS IS

WRITE PLAINLY, WITH

W. B. No. 1.

RECORD

carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OGGUPATION is very PERMANENT certificate. N. B.—Every item of information should be of CAUSE OF DEATH in plain terms, so Important. See instructions on back of PLACE OF DEATH

Drundel

OF GITY Shedy Side



#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No.

St: .....Ward)

a hospital or lostitution. give its NAME instead

*FULL NAME Nue	of street and oumber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male Black Start Write the word	(Month) (Day) (Year)
ODATE OF BIRTH Jan 315 ,913	that I leat saw have alive on 12 2 mg, 1913
7 AGE   It LESS than 1 day,hrs. orhrs.	and that death occurred on the date stated above, at 10 P.m. The CAUSE OF DEATH was as follows:
GOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry,	7 1/2 months
business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory (Secondary)
10 NAME OF FATHER OF FATHER (State or country) Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q	(Signed)
OF MOTHER CAVIL WILLS  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the ot death yrs. mos. ds.  Where was disease contracted,
Informant, William Tchick,	former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed February 1918 Geo T. Sepuly Local REGISTRAR	Public cemetery Feb 3 , 1913.  20 UNDERTAKER Lost Shady Lide

If more blanks are needed, address State Begistrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illheen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fleation, as Day laborer, Farm laborer, Laborer—Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an applies to each and every person, irrespective of age Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise speci-(a) Spinner, additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question first line will be sufficient, e. g., For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, If the occupation has Farmer or Planter, For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, peritonacum, etc.. Carcin-

scpsis, tetanus) may be stated under the head valvular heart disease; Chronic interstitial nephritis. ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., dent: Revolver wound of head-homicide; Poteoned such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL septichacinus," "Old Age," "Shock," "Uraemia," "Weakness," mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," cause of death approved by Committee on Nomencia-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ample: Measics (disease causing death), 29 affection need not be stated unless important; Exnant neoplasms); Measles; Whooping cough; Chrosic cer" is less definite; avoid use of "Tumor" for mallgoma. Sarcoma. etc., of \_ The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion, (name origin; "Can-State cause for Examples:

1618 CERTIFICATE OF DEATH Registered No. Fif death occurred in St: .....Ward) a hospital or institution. RECORD give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS PERMANENT 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED, M BINDING (Month) (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH Month (Day) (Year) TAGE If LESS than 1 day ..... hrs. OR ..... min. ? proper BOCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of industry. supplied. pe business, or establishment in UNFADING may which employed (or employer) 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER 0.0 11 BIRTHPLACE ....., 191 ..... (Address) ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT Causes, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, or HOMICIDAL. plain OF MOTHER Instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, Information OR RECENT RESIDENTS) 13 BIRTHPLACE 5 At place in the OF MOTHER (State or country) of death ..... yrs. .... mos. .... ds. State ..... yrs, \_\_\_\_ mos, \_\_\_ ds. DEATH Where was disease contracted. If not at place of death?. ō Former or Every Item CAUSE OF usuai residence mportant. OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 15 20 UNDERTAKER blanka are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

It should be used only when needed. As examples: cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. (a) Spinner, additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write, None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, For persons (%)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report>"Typhoid pneumonia"); Lobar pneumonia; Bronchopheumonia of lungs, meninges, peritonacum, etc... Carcinlosis of lungs, meninges, peritonacum, etc... Carcin

cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of injury, as fracture of skuii, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Tuerperal pcritonitis," etc. childblrth or miscarriage. as "Purereral scptichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness, "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion, "Colianse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malleby carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mere symptoms or terminal conditions, such as "Asoma. Sarcoma. etc., of ... ture of the American Medical Association.) "Contributory." Bronchopncumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Examples: For VIO-

Village or City (Innapolis (No. Jn.	STATE OF MARYLAND CERTIFICATE, OF DEATH Registration Dist. No. 2/ St; 3 Ward)  [It death occurred in a hospital or Institution
2 FULL NAME David De	a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX  4 COLOR OR RACE  MARRIED, WIDOWCO, WIDOWCO, WIDOWCO, Withoute  Write the word)  15 DATE OF BIRTH  7 Ly  (Month)  (Day)  (Year)	(Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from 1913 to 1913  that I last saw h late alive on 7 4 15 1913
AGE   If LESS than 1 day,	and that death occurred on the date stated above, at 6.30 Pm, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. Conser of Lumber  (b) General nature of industry, business, or establishment in which employed (or employer)  Coal Business  BIRTHPLACE (State or country)  Many land	(Duration) yrs. mos ds.  Gontributory because further (Secondary)  (Doration) yrs mos ds.
10 NAME OF Seo, W. Purlett  11 BIRTHPLACE OF FATHER (State or country) Mary land  12 MAIDEN NAME OF MOTHER Will Standsford  13 BIRTHPLACE OF MOTHER (State or country) Mary land	Signed, M. D.  State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether accidental, Suicidal, or Homicidal.  16 Length of Residence (for Hospitals. Institutions, Transients, or Recent Residents)  At place of death yrs, mos. 4 ds. State yrs, mos. 2 ds.
(Interment) 1049au C Carlett  (Address) Churapolis 144  Filed Feb 17, 191.3 Pmg Wolch  REGISTRAR	Where was disease contracted, if not at place of death?  Former or usual residence
t more blanks are needed, address State Registrate	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

duties of the household only (not pald Housekeepers Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as sbould be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But ln many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," 3

Statement of cause of death—Name, first, the nibease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUTEPERAL septichacthenla," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Concause of death approved by Committee on Nomenciasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUSY and qualify as wblch surgical operation was undertaken. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never repor ampic: Mcasics (disease causing death), 29 de.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephrith nant neopiasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of ... ture of the American Medical Association.) "Contributory." -Heart failure," "Haemorrhage," "Inanition," "Maras-The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can Examples: For vio-

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[Approved by U. S. Census and American Public Gealth
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illheen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Housewife, Housework, or At Home, and children, not mine, etc. statement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer or Planter, For persons

Statement of cause of death—Name, first, the disease cause of death—Name, first, the disease cause of death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonla"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause. Always qualify all diseases resulting from cause of death approved by Committee on Nomencla dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage. as "Purrement scottchace etc., when a definite disease can be ascertained as the genital," "Senile." etc.), "Dropsy," "Exhaustion," "Marar fallure," "Haemorrhage." "Inanition," "Marasample: Meastes (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis neat neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... ture of the American Medical Association.) "Contributory." sepsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway trainwhich surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Old Age," "Shock," may be stated under the head (Recommendations on statement of "Traemia," "Weakness," (name origin; "Can-Examples: For vio-

RECORD	PHYSICIANS should state of OCCUPATION Is very	Village or City Annapolis (No. 2 FULL NAME Travellus 18	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2/ St.; Ward)  [if death occurred in a hospital or institution, give its NAME instead of street and oumber.]
		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
RMANENT	XACTLY. statement	SEX 4 COLOR OR RACE 6 SINGLE, MARRIED, WIDGED, OREWORKED, OREWORKED	16 DATE OF DEATH Set 7 (Month) (Day) (Year)
BINCOIN A PERM	tated EXEC	© DATE OF BIRTH  Colored (Write the word)  (Month) (Day) (Year)	17 I HEREBY CERTIFY. That I attended deceased from Self 1913, to 1913, that I last saw h Manalive on Self 1913.
HIS IS	classiff	7 AGE   If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at / O _ m, The CAUSE OF DEATH * was as follows:
INK-TH	AGE	8 OCCUPATION (a) Frade, profession, or particular kind of work	-Capillary Bronchitis
>	supplied. may be p	(b) General nature of industry, / business, or establishment to which employed (or employer)	Several down yrs mos ds.
FADING	carefully su that it mi f certificate.	9 BIRTHPLACE (State or country)	Contributory (Secondary) (Suration) yrs mos ds.
N N N		10 NAME OF FATHER UNKNOWN	(Signed) Orlin Ridon M. D.
MITIM	uld burns,	11 BIRTHPLACE OF FATHER (State or country) Amapolis ml	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
MLY,	20 - 0	of Mother French Wricht	CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
PLAIN	ATH in plair Instructions	13 BIRTHPLACE OF MOTHER (State or country)	At place of deathyrs, mos, ds.
RITE	of 1 DE/ See	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?  Former or
. ≥	Item SE OF rtant.	(Informant) Charton Str.	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL
No. 1.	Every Ite CAUSE Importan	Filed Heb 20 1913 Ams Welch	20 UNDERTAKER ADDRESS ADDRESS
<b>1</b> 6	N. B.	REGISTRAR	DE. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None. causing death, state occupation at beginning of illbeen changed or given up on account of the DISEASE gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise speciessary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

scpsis, tetanus) may be stated under the head ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purpersal septichaeture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viocause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemla" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for maligmere symptoms or terminal conditions, such as "Asoma. Sarcoma. etc., or The contributory (secondary or intercurrent) (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-

PERMANENT UNFADING INK-THIS

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very RECORD carefully supplied. See instructions on back of certificate. WRITE PLAINLY, WITH Every item of information should be CAUSE OF DEATH in plain terms, so important. 1 PLACE OF DEATH 1622

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 2

Village or City Severn & to.	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MIDOMED, WIDOMED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY. That I attended deceased from
6 DATE OF BIRTH  Sout Kinn Drutking 1880  (Month) (Day) (Year)	that I last saw had alive on FEA 5 , 1913.
T AGE  If LESS than 1 day, hrs. ORmin.?	and that death occurred on the date stated above, at
6 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	(Ouration) yrs. mos 2 %
9 BIRTHPLACE (State or country)  10 NAME OF FATHER Muly Jakaski	Contributory (Secondary)  (Duration) yrs mos ds.  (Signed) Through Braythan, M. D.  Fet 7 , 1913 (Address) Serve Paris
OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)	*State the DISEARE CAUSING DEATH, OF, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the of death
(Informant) (Address) (Address)	Where was disease contracted, It not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL
Filed Fet 7 1919 Thomas & Boarshaw Registran	20 UNDERTAKER ADDRESS Duckt

more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health
Association.]

material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at heginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekcopers fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry; and therefore an Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, it should be used only when needed. cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. minc, etc. essary to know (a) the kind of work and also (b) ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, Farmer or Planter, As examples: For persons

Statement of cause of death—Name, first, the dibbease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

mus," cause of death approved by Committee on Nomencla scpsis, tetanus) by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify an which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purareman scottichaeetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Collapse." "Coma," "Convultions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for mails ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, BUICIDAL, OF HOMICIDAL, or as probably "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of ... The contributory "Old Age," "Shock," 'Traemia," "Weakness," Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can death), 29 ds.: State cause for Never report Examples:

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carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT Every Item of information should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statemen important. See instructions on back of certificate. WRITE PLAINLY, WITH N. B.-

1 PLACE OF DEATH  County Augus Curr	1623	
Village or City Sever	(No	
ZEILL NAME UMM	rausel Of	Jobb.

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 2

...St.;....Ward)

[It death occurred in a hospital or institution, give its NAME instead

2 FULL NAME UM maurel - No	ot street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIEO, MARRIEO, WIDOWED, WIDOWED, OR DIVORCEO VERLET	16 DATE OF DEATH  (Month)  (Day)  (Year)
G DATE OF BIRTH  (Write the word)  (Write the word)  (Month)  (Day)  (Year)	17 I HEREBY CERTIFY, That I attended deceased from 1913, to 1913, that I last saw h alive on 26 2 , 1918.
7 AGE   It LESS than 1 day,hrs.   ORmin. ?	and that death occurred on the date stated above, at
8 OCCUPATION  (a) Trade, protession, or particular kind of work	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country)  10 NAME OF FATHER  PSIPH ROPE	(Signed) Show A 19 ay Law, M. D.  213 , 191 3 (Address) Glewburse
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the ot death yrs, mos, ds. State yrs, mos, ds  Where was disease contracted, it not at place of death?  Former or
(Address) Seven Q.7. D  15 Filed Pet 3 , 1913 Amus At Domoleur Registran  It was blanks are needed, address State Registran 6	19 PLACE OF BURIAL OR REMOVAL  PATE OF BURIAL  PATE OF BURIAL  190  20 UNDERTAKER  ADDRESS  M. Franklin St. Balto Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. ness of various pursuits can be known. The question who have no occupation whatever, write None Housewife, Housework, or At Home, and children, not mine, etc. statement. Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causino death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purrement scottehaeetc., when a definite disease can be ascertained as the genital," "Senile," etc.), cause of death approved by Committee on Nomencla sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., LENT DEATHS State MEANS OF INJURY and qualify as thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.: nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vio -Kart failure," "Haemorrhage," "Inanition," "Mares "Collapse." "Coma," "Convuisions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis eer" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of \_ The contributory "Old Age," "Shock," 'Traemia," "Weakness," liways qualify all diseases resulting from (Recommendations on statement of may be stated under the head (secondary or intercurrent "Dropsy," "Exhaustion," (name origin; "Can State cause for Never report Examples: 10

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BIMEING RESERVED FOR MARGIN T. S. No. 1.

PLACE OF DEATH 1624	STATE OF MARYLAND
county anne arundel	CERTIFICATE OF DEATH
G 111	Registered No. 25
Village or City 10 rootlyn (No. 528,	Satapaco avest; Ward) [If death occurred in a hospitat or institution,
*FULL NAME annie Ma	rgaret Schline give its NAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female While (Write the word)	(Month) (Day) (Year)  OT I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH Dec 8 , 1839.	Juy - 1913, 101 July - 1913.
(Month) (Day) (Year)  7 AGE If LESS than	that I last saw has allve on 1913
7 3 2 1 t day,hrs.	and that death occurred on the date stated above, st
yrsmosds.   ORmin. ?	
(a) Trade, profession, or	Colley Freder
particular kind of work.	
(b) Beneral nature of industry, business, or establishment in	Mouration) 2 yrs. mos ds.
which amployed (or amployer)	Contributory Chillienes
State or country)	(Secondary)
10 NAME OF Philip appel	(Signed) Helessee ds. M. D.
OF FATHER	1919 (Address) LISO Cherk
OFFATHER (State or country) Germany  2 Maiden Name OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
a Rot mown	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) Hot Known	At place in the of death yrs mos ds. State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
Interment, Carrie Schline	Former or
(Address) 528 Gatafisco ave.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL FER 11 912
Filed Feb 1/ 1913 Chasoff Brooke	2º UNDERTAKER ADDRESS
REGISTRAR	ARMSTRONG-DENNY CO. 715 Light 21
If more blanks are needed, address State Registre	ar, 6 E. Franklin St., Balto., Requesting V. S. No. 1. Balter

[Approved by U. S. Census and American Public Health Association.]

ness. If retired from business, that fact may be indiof persons engaged in domestic service for wages, as Nousewife, Housework, or At Home, and children, not duties of the household only (not paid Housekcepers "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal it should be used only when needed. the nature of the business or industry, and therefore an cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ilishould be taken to report specifically the occupations gainfully employed, as At school or At home. statement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as minc, etc. material worked on may form part of the second Civil engineer, Stationary freman, etc. For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: But in many

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cere-irospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinoscipalis ("Croup"); Typhoid preumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinoscipalis ("Croup"); Tuberculosis of lungs, meninges, peritonaeum, etc...

childbirth or miscarriage, as "PUTEPTERAL septicharetc., when a definite disease can be ascertained as the cause of death approved by Committee on Nomencla schnis, tctanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver upund of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vicmia," "Puerperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia." "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 affection need not be stated unless important. nant neoplasms) : Mcasles; Whooping cough: Chronio cer" is icss definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of .. ture of the American Medical Association.) "Contributory." injury, as fracture of skuli, and consequences (e. g., Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJUSY and qualify as Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritix The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin: "Can-"Exhaustion," Examples :

FOR BINDING

RESERVED

MARGIN

1625	CERTIFICATE OF DEATH
County 2	92.) Registered No. 25
Village or City Browsly (No	Settlers  [If death occurred to a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Joal While Single, MARRIED, WIGOWED, ORDIVORCED (Write the Word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I sttended deceased from
6 DATE OF BIRTH  (Month)  (Day)  (Year)	756 8 , 1913 , to 756 // , 1913, that I last saw h wallyo on 756 // , 1913
7 AGE  ## LESS than 1 day,	and that death occurred on the date stated above, at 9 m, The CAUSE OF DEATH* was as follows:
© OCCUPATION  (a) Trade, profession, or particular kind of work	(Duration) yrs mos ds
*BIRTHPLACE (State or country)	(Secondary)  (Ogration)  (Secondary)  (Ogration)  (Secondary)  (Ogration)  (Secondary)
11 BIRTHPLACE OF FATHER (State or country)  10 NAME OF FATHER  Change  G. Siller  A.  Control  Control	(Signed) Charles Charl
(State or country)  12 MAIDEN NAME OF MOTHER Len M. Fulson	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  Af place  of death yrs, mos, ds, State yrs, mos, ds.  Where was disease contracted,
(Informant) Chas. Seller	If not at place of death?  Former or usual residence
(Address)	Coldar Fice Dark of Burial
Filed TC 6 /2, 1913 Chasself In our & REGISTRAR	Sliver Bafte
If more blanks are needed, address State Registra	r. 6 E. Franklin St., Balto, Requesting V. S. No. 1.

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health
Association.]

"Manager," "Dealer," etc., without more precise specicated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the desired to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum,

such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ampie: Measles (disease causing death), 29 ds.; affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronio ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Heart failure," "Haemorrhage," "Inanition," "Maras-"Coliapse." "Coma," "Convuisions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis. cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... The contributory Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent) ... (name origin; "Can-State cause for

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT BINDING FOR RESERVED MARGIN V. S. No. 1.

•	FULL NAME	W 1 L 1.	ram nem	y Snyde	of street and nu	mber.
	PERSONAL AND ST	TATISTICA	L PARTICULA	RS	MEDICAL CERTIFICATE OF DEATH	
Male White Single,  White Whowed, Married  White Write the word)				rried		ar)
8 DATE (		11 27	(Day)	, 1888 (Year)	17 I HEREBY CERTIFY, That I attended deceased, 191, to 1 that I last saw h aliye on 1	91
AGE	24yrs.		os. 12 ds.	It LESS than 1 day,hrs.	and that death occurred on the date stated above, at	
(b) Gener business, which emp	rkind of work		Marine		8 2 1913 Crestators examines	me
(State of	· Ohio				(Secondary)	
10 N	Ohio	-			(Signed) James Deldney of Caro	Le
S 11 g (S	NAME OF FATHER UNKNO	-	own		(Signed) Omes Federal or on the deeth from You	LE
S 11 8 (8 12 N	NAME OF FATHER UNKNO BIRTHPLACE OF FATHER state or country) MAIDEN NAME OF MOTHER	wn			(Signed) (Si	DEN
10 N 11 g (S)	NAME OF FATHER UNKNO	Unkno Unkno Unkno	)wn )wn		(Signed) Omes Causing Death, or, in deaths from Vio	IDEN

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc... Carcin-

sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., ture of the American Medicai Association.) cause of death approved by Committee on Nomencia-"Contributory." (Recommendations on statement of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUEBPERAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL septichaemus," "Oid Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (mereiy symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asampie: Measles (disease causing death), 29 "Collapse." "Coma," "Convuisions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mailgoma. Sarcoma. etc., of \_ The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," ... (name origin; "Can-State cause for Examples:

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A FERMANENT BINDING FOR RESERVED MARGIN V. S. No. 1.

Village or City Curtis gay (No. Man	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No.  St; Ward)  [It death occurred in a hospital or institution, give, its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE, MARKIED, WIDDWILL, ORDIVORCED (Write the word)  S DATE OF BIRTH  MALL  17 1917	16 BATE OF DEATH  (Month) (Day) (Year)  17  I HEREBY CERTIFY, That I attended deceased from  1913, to  7  1913,
Month   (Day) (Year)	and that death occurred on the date stated above, at 3 m, The CAUSE OF DEATH* was as follows:
BOCCUPATION I  (a) Trade, profession, or particular kind of work.  (b) General nature of Industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Gontributory (Secondary)
10 NAME OF FATHER DEN Sivia clav  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME  OF MOTHER)	(Signed) (Ouration) yrs mee ds.  (Signed) (Signe
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, it not at place of death?  Former or usual residence.
(Address). Circles gay mg  15  Filed Full / 191 3 Thur Begistrar  Registrar, 6	John Constant Date of Burial  John Grand Date of Burial  John Grand St. 1913  20 undertaker  M. J. J. L. Lower Constant Date of Burial  Appress  Appress  Appress  Autto, M. J.  E. Franklin St., Balto, Requesting V. S. No. 1

[Approved by L. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal (a) Spinner, (b) Cotton mill; (a) Salesman, been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers mine, etc. statement. Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; cases, especially in industrial employments, it is necmaterial worked on may form part of the second it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc... Carcin-

ture of the American Medical Association.) sepsis, tetanus) may be stated under the head. "Contributory." (Recommendations on statement injury, as fracture of skuil, and consequences (e. g., by carbolic acid—probably suicide. cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purpersal septichaeetc., when a definite disease can be ascertained as the such, if impossible to determine definitely. Examples: mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asampie: Measles (disease causing death), 29 ds.; affection need not be stated unless important. Exvalvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of \_ Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Dropsy," "Exhaustion," \_\_ (name origin; "Can-The nature of the Never report probably

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Instructions Information

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PHYSICIANS

RECORD

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No Ilt death occurred in a hospital or institution. give Its NAME instead et street and oumber. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 18 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED. ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH Lam (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at .... 1 day .....hrs. The CAUSE OF DEATH\* was as follows: OR ..... 7 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) ...... 9 BIRTHPLACE (State or country) Contributory. (Secondary) 10 NAME OF FATHER (Signed) 6, 191 3 11 BIRTHPLACE ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death \_\_\_\_\_ yrs. \_\_\_\_ mes. \_\_\_ State yrs. \_\_\_\_ mos. Where was disease contracted. It not at place of death? Former or usual residence BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS

REGISTRAR

more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specicated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not minc, etc. the nature of the business or industry; and therefore an Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has Farmer or Planter, As examples:

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

which surgical operation was undertaken. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purrperal scpticharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Con thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Mcastcs (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Polsoned -Hart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report nant ncopiasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of ... is less definite; avoid use of "Tumor" for maily The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can Examples:

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD A PERMANENT BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN

No. 60 .

Gounty anne arendel.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2/
Village or City 3 20 district (No	St.; Ward)  [if death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED. ORDIVORCED ORDIVORCED ORDIVORCED (Write the word)	18 DATE OF DEATH Lefsee 2, 1913. (Month) (Day) (Year)
7 AGE    Company   Company	that I last saw h allow on farmay \$1., 1913., to that I last saw h allow on farmay \$1., 1913. and that death occurred on the date stated above, at 7. 7. The CAUSE OF DEATH* was as follows:
Boccupation (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Country  Country  Country  Country	Contributory (Secondary)  (Duration) yrs mos / Y ds.  (Duration) yrs mos ds.
11 BIRTHPLACE (State or country) Come Council 6.	(Signed)
(State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  Informant)  (Address)  Charles M4	of death yrs. mos. ds. State yrs, mos. ds. Where was disease contracted, If not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Feh 2 1913 S. Bellengeles Sept Registran  If more blanks are needed, address State Registran	Magothy Cof. Church Jef 3. ,1913.  20 UNDERTAKER ADDRESS  No uncles / a/Ces  6 E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative mealthfulwho have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has As examples: For persons

Statement of cause of death—Name, first, the DISKASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the ampie: Meastes (disease causing death), 29 de.; ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malls oma. Sarcoma. etc., of \_ "Contributory." The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can-"Exhaustion," Examples:

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. S. No. 1.

Gounty with arunal	STATE OF MARYLAND CERTIFICATE OF DEATH			
0 . 1	Registration Dist. No. 20			
Village or City Sudley (No.	A Hells St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
Sex 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED OR DIVOR	(Month) (Day) (Year)			
DATE OF BIRTH  (Month)  (Day)  (Yes	24 Feb 23. 1913, 10 Feb. 26 1913.			
7 AGE If LESS 1 day,	than and that death occurred on the date stated above, at 4.30 mm.  The GAUSE OF DEATH & was as follows:			
B OCCUPATION  (a) Trade, profession, er particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)	Semely (Duration) yrs. mos. ds.			
9 BIRTHPLACE (State or country) Maryland	Gentributory Julinanary bedoma (Secondary)  (Duration) yrs mos l ds			
11 BIRTHPLACE Paddy	(Signed) Les. J. Lout, M.D Feb. 27, 1913 (Address) Churchton ml.			
11 BIRTHPLACE OF FATHER (State or country)  Maryland  12 Maiden NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.			
13 BIRTHPLACE OF MOTHER (State or country) Maryland:	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death			
(Informant) Sery Hells.	Where was disease contracted, if not at place of death?  Former or usual residence.			
(Address) Sudley, Ind. Filed Feb. 27, 1913 Les. J. Dens	19 PLACE OF BURIAL OR REMOVAL  Viells loemetery. Helb. 28., 1913.  20 UNDERTAKER  4 4 11 Appress			
To more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.				

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the husiness or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary Arcman, etc. But in many who have no occupation whatever, write None. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer--('oal material worked on may form part of the second statement. Never return "Lahorer," "Foreman," it should be used only when needed. As examples: cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulmine, etc. (a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the (b) Cotton mill; (a) Salesman, If the occupation has Farmer or Planter, For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing defection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla. mia," "Puerperal peritonitie," etc. childbirth or miscarriage, as "PUERPERAL schtichae cause. Always qualify all diseases resulting from mus," "Old Age," "Shock." genital," "Senile," etc.), "Contributory." sepsis, tctanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the -fi art failure," "Haemorrhage," "Inanition," "Maras thonia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 de.: affection need not he stated unless important. nant neoplasms); Measics; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of .... ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mere symptoms or terminal conditions, such as "As-Bronchonncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nophritis The contributory (Recommendations on statement of may be stated under the head (secondary "Dropsy," "Exhaustion," 'l'raemia," "Weakness," (name origin; "Can State causo for or intercurrent Examples: For vio-10

CCUPATION IS RECORD ŏ Jo statement PERMANENT BINDING stated classifled. d 2 THIS properly INK supplied. pe ESERV UNFADING may that it ma 0 0 ARGIN WITH terms, pin 00 ATH in plain Instructions o PLAINLY DEAT WRITE of Item FO Important. CAUSE Every

state

1 PLACE OF DEATH STATE OF MARYLAND 1631 CERTIFICATE OF DEATH Registration Dist. No. lif death occurred in .....Ward) a hospital or lostitution, give its NAME instead of street and number. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED. (Month) Write the word) 6 DATE OF BIRTH (Year) (Day) (Month) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH \* was as follows OR ..... mig. ? 8 OCCUPATION (a) Frade, profession, or particular klod of work. (b) General nature of industry, business, or establishment in which employed (or employor) ..... Contributory. BIRTHPLACE (Secondary) (State or country) (Duration) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE (Address) RENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. A OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death \_\_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. State ..... yrs. ..... mos. Where was disease contracted. TO THE BEST OF MY KNOWLEDGE If oot at place of death?-Former or osual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS If mort blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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RESERVED FOR BINDING

MARGIN

Cor	unty Aum Arundus 1632	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 20
Vil	liage or City WEst Rues (No. 2)  2 FULL NAME Boat Still Boat	St.; Ward)  [it death occurred in a hospital or institution, give its NAME instead ot street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE		18 DATE OF DEATH Lebessey, 1915.  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
BDA	TE OF BIRTH  Jelone 19, 19/3  (Month) (Day) (Year)	that I last saw in le silverense of 191
7 AG	E   If LESS than   1 day, ≠ ≥ hrs.   ORmin. ?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a) part (b) busin whic	Trade, profession, or liquiar kind of work.  General nature of Industry, ness, or establishment in the employed (or employer)  ATTHPLACE att or country)  Marykan a	(Ouration) yrs. mos. ds.  Contributory (Secondary) (Ouration) yrs. mos. ds.
PARENTS	11 BIRTHPLACE OF FATHER (State or country) Marylaced  12 MAIDEN NAME OF MOTHER HOUSE Downs	(Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  (Address)  (Signed)  (Address)  (Address)  (Signed)  (S
14-	13 BIRTHPLACE OF MOTHER (State or country)  ME APOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place in the of death yrs mos ds. State yrs mos ds Where was disease contracted,
	Informant) Leagh Rever My Mowledge  (Address) Leash Rever My  (Address)	If not at place of death?  Former or  usual residence.  18 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 File	Age feel lage REGISTRAR	20 UNDERTAKER LOCALIA SALVEN ADDRESS CON LINE OF STATE OF
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